

APPLICATION FOR CONDITIONAL DRIVER EDUCATION INSTRUCTOR CERTIFICATE

Certificate Number	
Approved by:	Date:

INSTRUCTIONS: Fill in all of the requested information. Sign and date the form; return it with the required supporting documentation. Applicants may not participate in a practicum course before applying for and receiving a conditional driver education instructor certificate. A copy of the conditional instructor certificate must be given to each provider and mentoring instructor.

Name: Last	First	Middle	Date of Birth
Street Address			City, State, Zip
Driver License Number	State of Licensure	E-mail Address	Home Phone ()

Attach a copy of your college or university transcript indicating completion of the three required courses along with a letter from the college or university verifying enrollment in the practicum course OR a letter from the college or university indicating completion of the three required courses plus enrollment in the practicum course.

Name and certificate number of the cooperating (mentoring) instructor for the classroom portion of the practicum instruction:	Name	Employing Provider
	Certificate Number	Provider's Certificate Number
Name and certificate number of the cooperating (mentoring) instructor for the behind-the-wheel portion of the practicum instruction, if different:	Name	Employing Provider
	Certificate Number	Provider's Certificate Number

Have you ever been refused the issuance of a provider or instructor certificate (license), or had a provider or instructor certificate (license) revoked or suspended in Michigan or any other state?

☐ Yes ☐ No If **YES**, give complete details on a separate sheet.

Have you ever been arrested or convicted of a crime?

☐ Yes ☐ No If **YES**, give complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, conviction (if applicable), date of conviction, and case number (if known).

SIGNATURE AND CERTIFICATIONS

Any misleading, incomplete, or false statement may be grounds for denial of this application, or suspension or revocation of the certificate issued.

- I hereby grant the licensing authority in any state or jurisdiction permission to release information concerning any previous certification (license) applications, certification (license) history, and disciplinary actions or sanctions to the Department of State.
- I stipulate and agree that any legal process affecting me, served on the Department of State, shall have the same effect as if personally served on me. I agree that this appointment shall remain in force as long as I have any outstanding liability within this state by authority of 2006 PA 384.
- I hereby certify that I do not have a pending criminal matter or an outstanding arrest, warrant, or conviction since submitting a request for my criminal history check.
- I authorize the Department of State to receive and review my criminal history obtained from the Michigan State Police and the FBI. I understand that the cost of the criminal history check is my responsibility.
- I hereby certify that the statements contained in this application are true to the best of my knowledge and belief.
- If I have a driver license issued by a state other than Michigan, I agree to submit a certified copy of my driving record every 60 days.

Printed Name	Signature	Date
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Return with application:

- Medical Examination Report (signed within past 90 days)
- Verification of completed course work and enrollment in the practicum
- Check or money order for \$45 made payable to State of Michigan. The application fee is non-refundable.

Criminal history check (Live Scan) results will be forwarded to the Department of State by the Michigan State Police.

Mail application and supporting documentation to:

Michigan Department of State
Licensing Unit
Lansing, MI 48918

ALLOW AT LEAST 30 DAYS FOR PROCESSING